

§ 1040		represent of the Treescy		1999	Drap arc un				
		or this year Jan. 1-Dec. 11, 1999, or other this y			. 1991, walny	447-186		CO. 00. 00.	
Label	\neg	Your first name and insid	Little rest	•			Your :	Pociel security	1545-0174
(See	١ ١	MARK A	10	19/19					
on nage 12.)	Vê [F part fram, spines's first form and helds	Lest name		· · · · · · · · · · · · · · · · · · ·		300-	o's nacial secu	
Use the IRS	N	<u> </u>	1			1		1	
tehel	"	from access fruittee and screet, if you have	17.0. box.	San page 18.	Apt	~	A	MPORTAN	A ITS
Utherwise, please prim	£ L						— _Y	OU trust once	_
or type.	*]/	City. Spen or post office, while, and 20° code is	ب محمد بحدا الحدار و	integri acident	me page 16.	ŀ		our SSM63 etc	OVE.
Presidential	- #					<i></i> /	Yes	No Ness. C	Acres
Doction Camp:	ia P	Do you want 53 to go to this fund?	1011 4 114		100000		\square	Yes' wi	Car like in
(See page 18.)		If a joing return, does your socurse was	<u>nt 13 to go</u>	to this fund?		(i)	1	restates y	out redund.
Eiling State	_ I '	——————————————————————————————————————							
Filing Statu	•								
	:		a abbruse's s	ocial security ac	ations and full in	arm tere. I			
Check only	4	I I I HORD OF LICENSES SHOWING SPECIAL	Aud baramit	. See page 18.) If the qualifying	person is	a children	DER NOR YOUR OF	pendent,
Dust Ditte	•	enter this chirl's name here. I	· 						
		Occallying wistow(ar) with depe	JOSE DEG	Union stansa	Cast > 10). (See g			
Exemptions		 Yourself if your parent for someonether. return, do not check bo 	74 65C) (25	n chalim yoru as	s echangous ar	hiserhe	123	the of brooks chartest on	
		Spouso .				• • •	· ·}	4	
		Departments:	T		CO Omerces	i lov (oza	·	No of past	
		II) Isst rune Les room		conduct's Curty Number	relationship to	قل جا زقت	a i	William Co. 94	- 4
		1000	4	10	1700	444 Per la		· front selft you	
If more than six		1160	 			┝╾╌╁╌		· Chi mi des vi	
dispendicies, see page 19			- 1	1		- 17		a salesana	
and being to			† †	0		- 7		(100 juga 12)	-
			10.5	10			;	Dependency on a not employed above	
			- 5	1		- 7		Add markers	=
		Total number of exemptions claimed	11	1 W D	1200 10112			enternal par Designations >	ш
	7	Wages, salures, ups, etc., Assets Forms	1 W-7	V 100 100 100 100 100 100 100 100 100 10		<u> </u>	7		حجاد
Income	24					• •	Ball		
Attach	t			. In		. 1 1	1		
Copy B of your		Ordinary dividends. Attach School & B	i muited		popular em		9		1
Fishes W-2 and W-2G here.	10	Texable refunds, credits, or offsets of so	ate and loc	al income care	s tsee carse 21	· · · [10		
Almo attach	11	Allmony received			MI ORGANIZACIA		11		T-
Formitt 1099-R	12	Business Income or Bossi. Attach Sched	MO C OF C.	£2		C 2	12		T
writheid.	13	Capital gain of Boss). Assets Schodule D) if required	L V not require	d. check here I	- DL	13		T
	14	Other pains or Rossest, Attach Form 479	Песе ,	40200404	energy of a		14		
lf year elid not gest a W-2,	150	Total IRA distributions 166	220000	b També	d establish (See par	p= 223	46		
see page 201	15e	Total persons and armition 182		b lasses	e acticules (see po		190		
Francis de la cia	17	Romal real estate, royalties, partnerships,	. S corporat	ikina, busti, et	E Atlacti Sched		17		
Enclose, hut do not staple, any	18	Farm recome or (kees) Attach Schedule (1000		10		
paymore, Also,	20a	Uncomployment compensation Social security benefits 200		17.11			19		
Perse use Form 1949-V.	21	Other Income. List type and arroant feet	- 241	— p respon	sucre put be				—
110	22	Add the amounts in the fat right column to	hous 7 the	with 21. This is	war and all interes	19494			120
	23	IRA deduction (see page 26)		23	Ann and alco		i de		00
Adjusted	24	Student foen bitomes deduction (see page	. 20	24		1 1	25		ı
Gross	25	Medical savings account deduction. Attac				1	-]
ncome	26	Moving expenses. Attack Form 1903		28		1			ţ
	27	One-fast of self-employment lax. Attach 5	Schedule St			10	2		!
	28	Self-employed health immunous declusion				17	-		ĺ
	29	Keogh and self-employed SEP and Slavin		29		1			ĺ
	10	Perulty on early withdrawel of savings		20			3		i
	31a	Alimony point & Recipiere's SSN >		314		1	20		ĺ
	12	Add thes 23 mough 3 in			4 4070		,		i
	<u>11</u>	Suptract line 37 from line 22. This is your	م اساعتران	emanni Esore		. > 3	2	0	00
or Disclosure, Pr	wacy.	let, and Paperwork Reduction Act Notic	×, toe pag	yo 54.	CAL NO 1			10m 1040	_

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Force 1040 (180)	4					
Tax and	34	Amount from line 33 (adjusted gress income)		704 W. S. Francisco	13	4:
Credits	153	Check II; [] You were 65 or other. [] Blint: [] Somes a	em 63 o	older. Distinct	18	24
		Arks the number of boxes checked above and enter the total	Pere .		0	
	7 Þ	If you are marked filtre separately and your excuso benieve.	declaration	ons or	* .	
Standard	3.8	you were a dual-status above, see page 30 and check here. Enter your itemized deductions from Schedule A, line 28, 0		► 144 f	7	1
Deckstation for Most	(T	Shown on the left. But see page 30 to find your standard do	ALCHANIC	Mara conduction	8	1 .
People		note out that 12th Ot 12th Ot 8 HOLDSONE CEN CITAL AUT 82 9 G6	periodent.		. 1	4
Single: \$4,200	37	Subtract line 36 from line 34	a p		37	
Head of	38	If line 34 is \$94,975 or less, multiply \$2,750 by the lotal number	ber of e	remptions distinct o	m	+
hnæehokt	J	am 60. If the 34 is over \$94.975, see the worksheet on page	: 31 for (the empurit to enter	39	
\$6,350 Married Ging		Yaxable income. Subtract line 38 from line 37, if the 38 is m			39	
Joseph Di leventaria (read)		Tell (see page 31). Check if any our is from a 🔲 Forms) 8214		Form 4972	► 4 <u>0</u>	
Jointly or Qualifying widowide?		Critics for child and dependent care expenses. Attach Form 2441	41	1		1000
\$7,200		Condit for the eliciarly or the disabled, Attach Schedule R 🗼 .	42			1
Marrieri		Child tex credit (see page 33)	43			1
शिला स्थानसम्बद्धाः		Education credits. Assoch Form BASS	44	 	- 20	1
\$3,600		Adaption credit, Assists Form 8835	45	 		1
		Foreign tax credit. Attach Form 1116 if required	44		0.53	1
		Other, Check if from a Form 1800 to Form 6296				1
		Form 6801 d Form Expedity	47	<u></u>		ł
	48 4	Add Bress 41 decough 47. These are year total credits	* +		48	
		Subtract firm 48 from line 40, if fine 49 is more than line 40, in	uda -0-		- 9	-
Other		Self-employment tax, Attach Schedule SE			- 190	1
Taxes	61	Alternative minimum tax, Attach Form 6251			51	-
	52 S	Social security and Medicare but on tip recurse not reported to an	ployer.	Attach Form 4131	. 2	
		Tex on IRAs, other redrement plans, and MSAs, Atlach Form	5329 If i	equiped	. [5]	-
	55 1	Advance earned income credit phyments from Forme) W-2 . Household employment tures. Attach Schedule H.			64	
	56 /	Mid firms 48 through 55. This is your total tair			35	
ayments		orient income are withheld from Forms W-2 and 1000	To I	3=202	E 54	
-		1909 estimated last payments and artistic applied from 1990 neuro	649	V 0C -	-	1
		Divined income credit. Attach Sch. Elic if you have a qualifying child	10 to			
		Kintarable control econic support	3.5			}
		nd type >	59a		1	
		Oditional stilld use credit, Astach Form 8812	80		100	1
		Impurit paid with request for entorsion to life (see page 42)	81			
	62 €	roess social security and RRTA Law westerest (see page 48)	62		7	
	e3 O	ther payments. Check if from # Form 2439 to 7 form 4136	63		- i	
	64 A	dd Bres 57, 58, 59a, and 60 Urrough 63. These are your testal		nts	- 4	بدو
tefund (line 64 is more than the 56, subtract line 56 from line 64. This is			8.5	5.23
tawer It	66g A	TREATE OF line 65 you want REFUNDED TO YOU.			660	32
actly.		2007 2007		0.0001 100	143.5	
opouièsci ⊳ es page 48		orque unum p c (A)		tectory Sevings		
d in sec. ►		count member			1	
		TOURS of this 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX >	87	150,000	_	
ALLEGE IN THE PERSON NAMED IN COLUMN 1	ea ii.	line 56 is more than line 64, subtract line 64 from line 56. This i	s the All	HOUNT YOU OWE.		
on Ome	Гс 60 Ез	or details on how to pay, see page 49	50.	Page agency	68	
		Standard tax penalty. Also include on the Gd	68			79
lere	add, th	realists of populary. I clusters that I force examined this return and excurrency or other, correct, and complete, Dectaration of proposer fother than buy	अपूर्ण करते जीवन करते	which has a spinisher.	सार्थ का देश वर्ष असिद्धाः व	Design of my time
ici G	Yes	THE DOCK	I You	conqueton	1	Coydene may
and return? 1	1	21/84/2 7-28-09		TT. Mech	, I	Langer Piles
ne page 18.	F 55	unt's signature. 73 pml estims BOTH must stim. Done	1567	#4's occupange	-	1
ant return? ne page 18. cep a copy		A TOTAL ADDRESS AND ADDRESS OF THE PARTY OF	1	-4 2 (sterilaritie)	- 4	
ne page 18.	7		1			
ne page 18. rep a copy r your cords.		, A	1	1	- I	
ne page 18. rep a copy r your cords.	pharte.	D=1	!	Check If self-orophysid		ME's SSN or P

	-	- 1-1		-	-			- 200 Ph
.,	٠,		,				}	STATES
	E S	Amended U.S. Indivi-	dual l	nc	ome Tax	Return	- OA	AB No. 1545-0074 0015
		return is for calendar year ▶ 2003 , or fiscal year			IONS.			
	2	Your first name and Initia) Mark A	Last name Lovely	•			Your se	ocial security number
	or type	If a joint return, spouse's first name and initial	Last name				Spause's	social security number
	퇅	Home address (no. and street) or P.O. box if mail is not delivered to your home		_		Apt. no.	Phone r	
	3L	1235 Amy Lee Trail				Apr. no.	()
-	2	City, town or post office, state, and ZIP code. If you have a foreign address, sec Kerners ville, NC 27283-9445	e page 3 of	the A	nstructions.	3E 5E		r 15 30
7	A If	the address shown above is different from that shown on	your las	t re	rturn filed with	the IRS, wou	ild you li	ike us to chance it
		our records?						1 u
	Qı	original return ► Single Married filing jointly 🗹 M	Married Ming	3 80	parately	Head of house		e due date.] Qualifying widow(er)
_		n this return Single Married filing jointly Mithe qualifying person is a child but not your dependent, see page 3	famed filing	3 80	parately	Head of house		Qualitying widow(er)
		Use Part II on the back to explain any changes		~	A. Original amous			
-		Income and Deductions (see instructions)	1-0		== previously adju (see page 3)	or (decr	00Se)—	C. Correct emount
		Adjusted gross income (see page 3)	L	1	36901.00			0
	2			3	(4750.00) 32151.00		0	(4750.00)
	4			<u> </u>	32151.00	(3215	1.00)	0
	5	(see page 4) Taxable income. Subtract line 4 from line 3		4	(3050.00)	22.42	0	(3050.00)
2		Tax (see page 5). Method used in col. C		5 6	29101.00 4091.00	(409		0
Tax Liabitty	7	Credits (see page 5)		7				
ax	8	Other taxes (see page 5)	zero	B 9	4091.00	(4091	(00)	0
Ē	 ′°	TOTAL TEXT. ADD IMES 8 BITC 9	1	ō.	4091.00	(4091	.00)	0
	113	Federal income tax withheld and excess social security tier 1 RRTA tax withheld. If changing, see page 5	and 1	. [2573.30			2572.20
	12	Estimated tax payments, including amount applied from o	nior	1				2573.30
Payments	13	year's return	1:	_				
ауп	14	Additional child tax credit from Form 6812	14	_				
	15	Credits: Federal telephone excise tax or from Forms 24: 4138, 8885, or 8801 (if refundable)	39, 1	_ \				
	16	Amount paid with request for extension of time to file (see		-			16	- 2
	17 18	Amount of tax paid with original return plus additional ta Total payments. Add lines 11 through 17 in column C		iter	it was filed .		17	
		Refund or Amount You	TALE	扩	EUNIT		18	2573.30
	19 20	Overpayment, it any, as shown on original return or as of	REC	53	Deletion 1	RS . , .	19	
	21	Subtract line 19 from line 18 (see page 6) . Amount you owe. If line 10, column C, is more than line 20	 Dehterah	a d	Meradratand se		20	·
	22 23	" INTO TO, COMMIN O, IS 1825 THEFT THE ZU, ENTER THE CITE	aeuce '	ר ד	MSOJO-10	.U page U	22	
	24	Amount of line 22 you want refunded to you	estimate	die	ANDAII.	17	23	2573.30
Sig He	jn	Under penalties of perjury, I declare that I have filed an original return and statements, and to the best of my knowledge and belief, this at texpever) is based on all information of which the preparer has any knowledge.	and the (h	Ē	Exempled this area	nded return, incl	uding acco	impanying schedules
Joint	return		knowledge.	•				busheres feitific tures
Keep	age 2 a copy accord	lor Control	-2	_				
Paid		Programa & C. T.	Date		ouse's signature. If			B SSN or PTIN
Prep	arer'	Acres de la companya		_	Check sati-er	mployed 🔲		
Jse i	Only	Firms name (dr. yours it self-employed), address, and EP code				Phone no. (
-	/2	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	09-				- 42	RYETY
	2829	OCT 2009				R	LCE	NED.
	125			_			H 0	7 2010
	18	MEDIEZ CYCHOLI				-		
	`	Page 2 d	of 5				FRP	303

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Emp #: 0635349556

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-70 /0 M	Department of the Tr	·		- 1		C1
Feer. Hovernoor 2007	Amended U.S. Indiv		come Ta		ON	18 No. 1545-007ਵਿਵਾਓ
This return is for calenda	r year ▶ 2004 , or fiscal yea	r ended				
Your first name and initial & Mark A		Last name			Your so	del seculiv number
Mark A If a joint rature, spouse's fin	st name and initial	Lest name			-	
£		LIEST LIESTIN			Shome,	model security number
Home address (no. and street	or P.O. box if mail is not delivered to your hon	ine .		Apt. no.	Phone n	(mbar
1235 Arny Lee Trail	102				1	1
	, and ZIP cods. If you have a foreign address, s	see page 3 of th	e instructions.		200	
Kernersville, NC 2728				0.32-12		
in our records?	ove is different from that shown o	on your last	return filed wi	th the IRS, wo	ould you li	ke us to change it
	complete this line. Note. You can					
On original return ▶ ☐ Sing	je Married filing jointly	Married filing	seastately F	enough operation		cue date. Cualifying widow(er)
On this return > Sing	Namied filing jointly [7]	Married Store	nemerately [Head of hous		
	child but not your dependent, see page		ctions.			
Use Part II on ti	ne back to explain any changes	8	A. Original am	OUR OIL	change	C. Correct
Income and E	Peductions (see instructions)		as previously a	ar (dec	7023e)	amount
1 Adjusted gross inco	ome (see page 3)		40575.		75.00)	0
2 Itemized deductions	or standard deduction (see page	4) 2	(4850.0		0	(4850.00)
3 Subtract line 2 from		3	35825	00 (358)	25.00)	0
4 Exemptions, it chan (see page 4)	ging, fill in Parts I and II on the ba			_		32 - 19
_5 Taxable income. Su	btract line 4 from line 3	: 4 5	(3100.0 32725.0		0	(3100.00)
	ethod used in col. C		4919.0		25.00)	0
7 Credits (see page 5)		7		1	-	
8 Subtract line 7 from fir	te 6. Enter the result but not less than	1 zero 8	4919.0	0 (491	9.00)	0
9 Other taxes (see pag 10 Total tax. Add lines)e 5)	9				
	vittiheid and excess social security	. 10	4919.0	0 (491	9.00)	0
tier 1 RRTA tax with	violeto and excess social security peld. If changing, see page 5	y and	3110.0	7	0	3110.07
12 Estimated tax payme	nts, including amount applied from	orior	7 / 2 / 2		-	3710.07
		12				AND DESCRIPTION
13 Earned income credit 14 Additional child tax of	recition From 88(g)	13	-			
		14		\$ T	-	
4136, 8885, or 8801	phone excise technolinom Forms 2.	439,				
	est for arision of time to file (see	100000000000000000000000000000000000000			16	
17 Amount of tax paid w	th online return plus additional t	tax paid afte	r it was filed		7	725
IB Total payments. Add	lines 11 through 17 in column C				18	3110.07
19 Overpayment, if any,	Refund or Amount You	owe .			1	-570
20 Subtract line 19 from	as shown on original return or as	previously a	idjusted by the	PIRS	20	
1 Amount you owe. If lir	ne 10, column C, is more than line 2	20. enter the	difference and	See Dage 6	21	
22 If line 10, column C.	is less than line 20, enter the diff	ference ,		sou page u .	22	
Amount of line 22 you Amount of line 22 you	want refunded to you				23	3110.07
Under peruities of peru	want applied to your	estimated	tax 24		200	
end statements, and to texpayer is based on a	ry, I declare that I have filed an original return the best of my knowledge and belief, this I infogration of which the paper has any	amended retur	n is true, correct,	and complets. De	claration of	npanying schedules properar (other than
WIII / ///	6011 2-	0				
copy tor	113					J
ords. Your signature	Date		Spouso's signature.	If a joint return, bo		Date
Preparer's algristure		Cale	Chi	ck if employed	Preparer's	SSN or PTIN
rer's Firm's name for vours if self-employed.	\		1 44	employed		
rily yours if self-employed), address, and ZIP code				Phone no. (1	
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FRP 303

7		Amended U.S. Individ	ual in	come Tax	Return	a	9 ²⁶ C1 MB No. 1545-0071 ²⁷
	- 1	Your first name and Initial				Your	social security and a
		If a later when you are a second second					escally fulligat
	EL	Home address (no. and street) or P.O. box if mall is not delivered to your home	ast neme		3	Spouss	's social security enmoter
	ā L	235 Amy Lee Trail			Apt. no.	Phone	number
		City, town or post office, state, and ZIP code. If you have a foreign address, see [emersville, NC 27284					
, E	S Fili On On	ing status. Be sure to complete this line. Note. You cannot original return ▶ ☐ Single ☑ Married filing jointly ☐ Mar this return ▶ ☐ Single ☑ Married filing jointly ☐ Mar the qualifying person is a child but not your dependent, see page 3 or	change f ried filing s ried filing s I the instru	rom joint to se	parate return Head of hou	. P [ns after the sehold [Yes No Ne due date. Ouzlifying widow(er)
_		Use Part II on the back to explain any changes Income and Deductions (see instructions)	1 80°	as previously ad	usted smount	of increase	C. Correct emount
	1 2	Adjusted gross income (see page 3)	. 1		1:00		0_
	3					0	(5000.00)
	4	Exemptions, if changing, fill in Parts I and II on the back	•		1 (5.4)	00.00)	0
	_5	Taxable income. Subtract line 4 from line 3				0	(3200.00)
₹	6	Tax (see page 5). Method used in col. C	6		<u> </u>		
ä	7	Credits (see page 5)	7	2004.00	- (28	34.00)	0
ax Cability	8	Subtract line 7 from line 6. Enter the result but not less than zer	_ A	2834.00	28	34.00	0
-	10	Other taxes (see page 5) . Total tax. Add lines 8 and 9	. 9	2024.00		24.22	
	11	Federal income tax withheld and excess social security an				34.00	
ı	4-	tier 1 RRTA tax withheld. If changing, see page 5	111	1475.37		0	1475.37
ı	12	Estimated tax payments, including amount applied from price	r				
	13	Earned income credit (EIC)	12				
l	14	Additional child tax credit from Form 8812	14		- 		
I	15	Credits: Federal telephone excise tax or from Forms 2439 4136, 8885, or 8801 (if refundable)	15				
	16	Amount paid with request for extension of time to file (see pages)	20 53			18	
	••	CHICOTT OF LEX DEED With Original return due edicitional term.	Department of the Treesury—Internal Revenue Service Combined U.S. Individual Income Tax Return Combined U.S. Individual Income Tax Return				
_		Refund or Amount Y	<u> </u>			18	1475.37
	19 (20 :	Overpayment, if any, as shown on original return or as pre- Subtract line 19 from line 18 (see page 6)	viously ac	justed by the	IRS		620
	21 /	Amount you owe. If line 10, column C. is more than line 20.	nier the d	Homone			
		' ''''e 10, coloiilli C, is 1653 than line 20, enter the differe	nce um o	ालकाए ड शा र्व S	ee page 6 ,		
	w p	Amount of line 22 you want refunded to you					
	n	I locar peopling of making a dealer of the second				1.77.50	10000
7	'⊖ sb:m? g+ 2.	and the property of the property has any known	nded return wledge.	is bue, correct, er	ended return, inc nd complete. De	auding acco	mpenying schedules properer (other than
	copy i	Value alemantum	-				
		Propers's signature		Check	(H		
_	rer's nly	Firm's name (or yours if self-employed),	- 			'	
-		address, and ZIP code					10 "
ľ		207 - 07150	g - · · ·	11704		- 101	nv
		301-01700	J				

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

11.04	366	sebarare instruction	<u>s. </u>						
	• — == :: — == := :	2009 2008 year (month and yea	r end	ed).					
	first name and initial	Last name	- C. I.G.		Voi man	Nal and	with number		
OMPare		Lest hand			TOUT SO	ilai sac	INTO BLANDER		
lf a jo	int return, spouse's first name and initial	Last name			Spouse's	Spouse's social security number			
Home	address (number and street). If you have a P,O, box, see instructions.	1235 Aug 10	e Tre	Apt. no.	Your pho	ne num	ber		
1235	Anviet Trait Ren	versime, in	272	7)					
	own or post office, state, and ZIP code. If you have a foreign address,	also complete spaces be	low (se	e instructions).					
	in country name	·· ,		 		RE	CEIVED		
Foreig	n country name	Foreign province/co	unty		Fo	reigntp	OSTATEDOR L. L.		
Ame	nded return filing status. You must check one box ev	en if you are not cha	inging	g your filing statu	s.	FEE	3 1 4 2013		
	tion. You cannot change your filing status from joint to s	separate returns afte	r the	due date.					
☑ Si	ngle 🔲 Married filing jointly 🔲 Mar	rried filing separately				FE	2D 200		
<u> </u>	ualifying widow(er) Head of household (If the qualifying	g person is a child but	not y	our dependent, see	instructio	ns.)	VL 300		
	Use Part III on the back to explain any			A. Original amount or as previously	B. Net ch amount of	enge-			
nco	me and Deductions			adjusted (see instructions)	or (decre explain in	<u> </u>	amount		
1	Adjusted gross income. If net operating loss (N	IOI) TORRESTED IN	0.	,,	(product till)	. = 11			
•	included, check here	750V	27	0.00	0.00	1000	0.00		
2	Itemized deductions or standard deduction		/2	(500) 5000	5000	5600	0,00		
3	Subtract line 2 from line 1		3	0.00	010		0.00 000		
4	Exemptions. If changing, complete Part I on the ba	ack and enter the		(3200)					
	amount from line 30	TED1241	4	17206	3200	3,890	D.00		
5	Taxable income. Subtract line 4 from line 3.	- W. W.	105				0.00		
	1 6 6			100					
,6	Tax. Enter method used to figure tax: $JAN~2~2~2$	6	0.00	0.00		0.00			
7	Credits. If general business credit carryback is here.	included, check	7	Ta Ta			Ţ,		
8	Subtract line 7 from line 6. If the result is zero or less,	enter -0	8	D.00 000	0.00	0.00	0.00000		
9	Other taxes		ρ	0.00	0.00	50.000	0,0000		
10	Total tax. Add lines 8 and 9	1845	<i>2</i> 0_	p.00 000	0.00		0.000		
-	nents				781.	51			
11	Federal income tax withheld and excess social securit tax withheld (if changing, see instruction)).\	11	1475.50	8353		2252.88		
12	Estimated tax payments, including amount applied	front prior year's					**************************************		
•	return	·// · · · · *	12	MU					
3 4	Earned income credit (EIC)		13	- 0 0010	<u>-</u>				
•	Refundable credits from Schedule M or Form(s)	ര∏ 8885 or ്	OA	0 9 2012			17		
	other (specify): Operations KCSP	rc pi		ニハバニソ			Į.		
5	Total amount paid with request for extension of time t		origin	hat return, and ad	ditional	1			
c		• • • • • • •	1.5		• •	15			
	Total payments. Add lines 11 through 15		10 V I	<u> </u>	• •	16	2256 8		
	Overpayment, if any, as shown on original return or as			o IPC			(425,77		
	Subtract line 17 from line 16 (If less than zero, see instr			e ins	• •	17 18	771.57		
	Amount you owe Line 10 column C, is more than line 1				5:18	19	////		
0	If line 10, column chis less than [44] 18, enter the differ	ence. This is the ann	Ount	overpaid on this	return	20	751.57		
1 .	Amount of line 20 you want refunded to you		1			21	78151		
2	Amount of line 20 you want applied to your (enter year):		ed ta						
	U y 2 7 2015					_	form on Page 2.		
Pap	erwork-flequetion Act Notice, sectinatructions. REVENUE SERVIC	c li	L(Nb. j	1662012	For	m 104	OX (Rev. 12-2011)		
Riv	PENALTY ASSESSE GITY, MO	CO	LES	TIONS 07					
		FRESNO C	OME	LIANCE CENT	iii da				

COLLECTIONS 07
FRESNO COMPLIANCE CENTER

Form	1040X (Rev. 12-2011)						Page
Pai	· ·	 				107	rage
	plete this part only if you are:					,	
	reasing or decreasing the number o	f evemntions (nersonal and denende	nte) clain	and on line 6d of t	he return you ar	a amondina or
	reasing or decreasing the names o						
- 11101	reasing or decreasing the exemption	ii amount for i	lousing individuals dis	Diaced D	A. Original number	Baster III 2000 t	1 2005.
See A	Form 1040 or Form 1040A instruction	ne and Form	1040Y instructions		of exemptions or amount reported or	B. Net change	C. Correct number
0001	Offit 1040 Of 1 Offit 1040/4 instruction	and total	70407 monochona.		as previously	b. Net Change	or amount
	V	46		- 0	adjusted		<u> </u>
23	Yourself and spouse. Caution					(1)	
-	dependent, you cannot claim an e				0 0	(1)	0
24	Your dependent children who live				0		
25	Your dependent children who did not			n 25	0	0	0
26	Other dependents						0
27	Total number of exemptions. Add		- (v)		1 1	(1)	TO SHIP OF Y
28	Multiply the number of exemption				(5200)	3200	0.00
	amount shown in the instruction				(3.200)	3400	
	amending			. 28	(3200)	T-CANG	5 0.00
29	If you are claiming an exemp					**	
	displaced by a Midwestern disast				1/2		
	line 2 for 2008, or line 6 for 2009		* 4		Annual Company		
30	Add lines 28 and 29. Enter the result		, -		(3200/ 3700)	3200 5200	0.0000
11_	List ALL dependents (children and	others) claimed	on this amended return	n. If more	than 4 dependent	s, see instruction	15.
			(b) Dependent's soc	ial I	(c) Dependent's		box if qualifying
	(a) First name La:	st name	security number		relationship to you		ld tax credit (see ructions)
						IIISL	ouctions)
				_			
2art							
	ing below will not increase your tax			. 46.70.0	NAME OF THE REST	5.02 55-	- 3
-	Check here if you did not previously	and the second of the second					FIRM FOUNDS DE
	heck here if this is a joint return an						
art						IX.	
	► Attach any supporting doc	uments and no	ew or changed forms a	ind sche	dules.		
	THE DULY THE	1.10-0	The Amount	72	1571-10	730	2011
- 1	I HAD DNY INC		THE HARD	3 14	MACE		0.019
	ONC DAYER AND	HAVE,	NOW INCLUDE	ieu ,	tel Amor	VUTS FX	com Ke
	PHYERS, SEE FE	- 2 cm C	4852 AT	TACH	20.		
	Dayers, SEE PE	,,,,,,	400- 1111	-,,	-0:		
	·						
an I	Here						
_	nber to keep a copy of this form	for vour reco	ds.				
	101	•				d ==4: !==1:	
uer p	penalties of perjury, I declare that I have and statements, and to the best of	my knowledge	ginar return and that i i and belief, this amender	ave exam 1 return is	ineo inis amendeo true, correct, and	o return, including complete. Declara	accompanying
ner th	an taxpayer) is based on all information	about which th	e preparer has any know	edge.		complete. Becker	ation of preparer
1	111111111111111111111111111111111111111	4	24-121				
ır sior	nature	Date		nature If o	joint return, both mus	et slan	Date
_		54/6	ohorae a aif	raioro, n a	Jonit rotaint, Dour Illus	rt arg11,	Cala
a Pr	eparer Use Only						
	le elecation	Data	Floring	4	M	 -	<u>.</u>
Jaret'	's signature	Date	Firm's name	(or yours if	self-employed)		
4.40							
vtype	e preparer's name		Firm's addre	ss and ZIP	code		
			heck if self-employed				
N				Phone i	n mybae	EIN	

--- "- I ASSESSED

Emp #: 0635318614

	Amended U.S. individue November 2007	al In	come Tax	Return		MB No. 1545-0074
뿌	return is for calendar year ≥ 2006 , or fiscal year en	ded >	DOILE.			XIV
	Mark A	est name			Your :	social security number
١٢	If a laint return annuals first seems and the se	vely storme			+	j
ĽL					Phones	a social security sumber
	Home address (no. and street) or P.O. box if mail is not delivered to your home 235 Army Lee Trail			Apt. no.	Phone	number
┢	City, lown or post office, state, and ZIP code. If you have a foreign address, see pr	O _ I ii _			-)
10	remersylle, NC 27284					
If t	the address shown above is different from that shown on your records?	our last r	etum filed with	the IDS	Payoner Act	
	our records?			· • • • •	ouki you : • ► [ince us to change i
	The state of the s	avenge n	rom joint to se	parate retur	ns efter th	e due date.
On	this return > 7 Single Married Stine Intest.	ed filling as		Head of hou		Oualifying widow(er
- 11	the qualitying person is a child but not your dependent, see page 3 of t	the instruc	tions.	THEOL OF HOU	senoid [Qualifying widow(er)
	Use Part II on the back to explain any changes		A. Original amos		change-	
	Income and Deductions (see instructions)		as previously adj (see page 3)	or ide	Crease)— n in Part ii	G. Correct amount
1	Adjusted gross income (see page 3)		51,535,00		35.00)	0
2	Plemized deductions or standard deduction (see page 4)	1 2	(5,150.00)		0	(5,150,00)
4	Subtract line 2 from line 1 Exemptions. If changing, fill in Parts I and If on the back	3	46,385.00	(46,3	85.00)	0
ľ	(See page 4)	4	(3,300,00)			
5	Taxable income. Subtract line 4 from line 3	. 5	43,085,00		0 85.00)	(3,300.00)
6	Tax (see page 5). Method used in col. C	6	7,326.00	1 10	26.00)	0
7 8		7				
9	Subtract line 7 from line 6. Enter the result but not less than zero Other taxes (see page 5)		7,326.00		26.00)	0
10	Other taxes (see page 5) Total tax. Add lines 8 and 9	10	1,013.50 6,339.50		(3.50) (9.50)	0
11	Federal income tax withheld and excess social security and	7	0,000,00	10,3	9.50)	0
12	uer 1 RRTA tax withheld. If changing, see page 5	1111	4,511.78		o	4,511.78
12	Estimated tax payments, including amount applied from prior year's return	12				
3	Encoded to a series of the ser			_	-	
4	Additional child tax credit want Form 912			-	-	
5	Additional child tax credit want Form \$312 Credits: Federal telephone sticise tax or from Forms 2439, 4136, 8885, or 8801 (if reformables of time to file (see page Amount paid with request to be chain of time to file (see page Amount of tax paid with original return plus additional tax particles payments. Add fines 11 through 17 in column C					
6	Amount paid with request #00 and the to the	15				
7	Amount of tax paid with original return plus additional tax or	id aller	it was file of		17	
8			it was nied .	marine and	18	4,511.78
9 (Refund or Amount You Ow	0				
) 5	Overpayment, if any, as shown on original return or as previ Subtract line 19 from line 18 (see page 6)	ously ad	justed by the I	RS	10	
i A	mount you owe. If line 10, column C, is more than line 20, en	 المساور معا	Haranes and		20	
	i line 10, column C, is less than line 20, enter the difference	.aa u#ar Q1 ⊃6		e bage 6 .	21	
ρ	mount of line 22 you want refunded to you .	2 × 2	2 2		23	4,511.78
_	I forther competitions and management and managemen	mated t	The second second		200	Property was the
	and statements, and to the best of my knowledge and belief, this among taxpayer) is based on all information of which the preparer has any knowledge.	led return i	s live comect and	nded return, inc d compiste. De	Luding according according to the control of the co	npenying schedules preparer fother than
m? 2	Oulkail -	L.	0.0			
ppy fi	Manager and the second of the	I _				1
-	Preparate Date		ouse's signature. If a	joint return, bo	th must sign.	Date
r's	aignature	Date	Check	soloyed	Preparer's	SSN or PTIN
r s Y	Firm's name (or yours if self-employed),			eployed	:	
	address, and ZP code			hone no. ()	
					- 4046	V = 44 ***

Page 2 of 8

FRP 303

Page 9 of 18 0920705716505-1 Internal Revenue Service Income Tax Return for Single and Form 10 Joint Filers With No Dependents 2010 Your first name and initial Last name Your social security number Nai MARK DULL. A. Add If a joint return, spouse's first name and initial Spouse's social security number See separate Home address (number and street). If you have a P.O. box, see instructions, Apt. no. Make sure the SSN(s) instructions. 1235 AMY LEE TRL. above are correct. City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. KERNERSVILLE, NC 27284 Checking a box below will not Presidential change your tax or refund. Election Campaign (see page 9) Check here if you, or your spouse if a joint return, want \$3 to go to this fund . . . Spouse Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Income Attach your Form(s) W-2. Attach Form(s) W-2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. here. 0 Enclose, but do 3 not attach, any Unemployment compensation and Alaska Permanent Fund dividends (see page 11). 3 payment. Add lines 1, 2, and 3. This is your adjusted gross income. 4 മ You may be If someone can claim you (or your spouse if a joint return) as a dependent, check entitled to a larger the applicable box(es) below and enter the amount from the worksheet on back. deduction if you file Form 1040A or 1040. Sec Before If no one can claim you (or your spouse if a joint return), enter \$9,350 if single; You Begin on \$18,700 if married filing jointly. See back for explanation page 4. 5 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income. 6 Federal income tax withheld from Form(s) W-2 and 1099. 965E Payments, 8 Making work pay credit (see worksheet on back). Credits. 8 9a Earned income credit (EIC) (see page 13). 9a and Tax Nontaxable combat pay election. 10 Add lines 7, 8, and 9a. These are your total payments and credits. 10 9656 46 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 27 through 35 of the instructions. Then, enter the tax from the table on this line. 11 If line 10 is larger tha The Refund ne 10. This is your refund. If Form 8888 is attached check har 9656 46 12a Have it directly deposited! See Routing number page 18 and fill in 12b, 12c. and 12d or Account number Form 8888 **Amount** 13 If line 11 is larger than the 40, suptract line You Owe the amount you owe. For details on how to pay, see page 19. Do you want to allow another person to discuss this return with the IRS (see page 20)? Yes. Complete the following. X No Third Party Designee Designee's Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. Sign Here Your occupation foint return? See Daytime phone number Mechane Spouse's signature. If point eturn, both must sign.

раде 6. ceep a copy for our records

Form 1040EZ (2010)

Print/Type preparer's name Paid ? Preparer's signature Date Check | If re**pe**rer self-employed Firm's name se Tnly Firm's EIN ▶ Firm's address Phone no. osure, Privacy Act, and Paperwork Reduction Act Notice, see page 36.

JUN 2 4 2014

Cat. No. 1329W

Case 1:18-cy-00102-LCB-JEP Document 24-5 Filed 12/17/18 Page 9 of 18

Form 1040EZ (2010)
Worksheet for Line 5 — Dependents Who Checked One or Both Boxes

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married

for Line 5 — Dependents	dep	ng jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a endent, see Pub. 501.
Who Checked	Α Λ	Amount, if any, from line 1 on front
One or Both	A+ A	
	B. M	finimum standard deduction
Boxes	CF	
	E. E.	faximum standard deduction. If single, enter \$5,700; if married filing jointly, enter \$11,400 . D
	F. E	xemption amount.
		If single, enter -0
		If married filing jointly and —
	_	-both you and your spouse can be claimed as dependents, enter -0
40		—only one of you can be claimed as a dependent, enter \$3,650.
- 2	G. A	dd lines E and F. Enter the total here and on line 5 on the front
		<u> </u>
keep a copy for our records)	• Sing	u did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you. gle, enter \$9,350. This is the total of your standard deduction (\$5,700) and your exemption (\$3,650). Tried filing jointly, enter \$18,700. This is the total of your standard deduction (\$11,400), your exemption (\$3,650), and spouse's exemption (\$3,650).
125		
Markahaat	Defe	
Vorksheet	Dejor	re you begin: If you can be claimed as a dependent on someone else's return, you do not qualify for this credit.
or Line 8 —		✓ If married filing jointly, include your spouse's amounts with yours when completing this worksheet.
laking Work		
ay Credit		Important. See the instructions on page 12 if (a) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (b) your wages include pay for work performed while an inmate in a penal institution, or (c) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)? Yes. Skip lines Ia through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5. No. Enter your earned income (see instructions) 1a.
	b	
se this	D.	Nontaxable combat pay included on line la (see instructions)
orksheet to	2.	Multiply line 1a by 6.2% (.062)
enter on line 8	3.	Enter \$400 (\$800 if married filing jointly)
you cannot be	4.	Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) 4.
aimed as a	5.	
pendent on	6.	Enter amount from Form 1040EZ, line 4 (on front)
other person's	7.	
turn.	_ ′•	Is the amount on line 5 more than the amount on line 6?
		No. Skip line 8. Enter the amount from line 4 on line 9 below.
	0	Yes. Subtract line 6 from line 5
	8.	Multiply line 7 by 2% (.02)
eep a copy for ur records)	9.	Subtract line 8 from line 4. If zero or less, enter -0
ar records,	10.	Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this
		payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security
		benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension
		benefits in November 2008, December 2008, or January 2009 (see instructions).
		No. Enter -0- on line 10 and go to line 11.
		Yes. Enter the total of the payments you (and your spouse, if filing
		jointly) received in 2010. Do not enter more than \$250 (\$500
		if married filing jointly).
	11.	Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0 Enter the result

Mailing Return

Mail your return by April 18, 2011. Mail it to the address shown on the last page of the instructions.

PUTAS 1672/672

0920712620920-2

1040EZ	2	j	ncome Tax R oint Filers W	ith No Dene	nden	te m	201	1					
Your first name	e and	initial		Last name		(33)		*			T:	OMB No. 1545-00	
Márk				Lovely							You	F Social security n	· woha
If a joint return	spou	S9'8 I	irst name and initial	Last name							ļ <u>. </u>		
											Spou	se's social security	unup
Home address	(numl	ber ar	id street). If you have	a P.O. box, see Instr.	uctions.				And	. no.	 	16	
1235 Amylee T												Make sure the S above are corr	SN(s)
City, town or pos	st office	e, state	a, and ZIP code. If you h	ave a foreign address,	also com	plete spaces bek	ow (see instruct	ons).			Bassi		
Kernersville, No	orth C	arolir	na 27284									dential Election Can lere if you, or your spou	
Foreign country	/ name	9			Foreig	n province/cou	enty		Foreign posta	l code	jointly, v	vant \$3 to oo to this fun	1 Charl
	-		30		ł		-	j			a box be refund.	How will not change you	r tax or
Income		1	Wages, salaries	, and tips. This sh	ould be	shown in bo	x l of your l	orm(s) V	N-2.			You	Spor
Attach		_	Attach your For	rm(s) W-2.	_		•				1		.
Form(s) W-2		_							-			0.0	'
iere.			Taxable interes	L If the total is ove	er \$1,50	00, you canno	t use Form	040EZ.			2 -	0.00	J.
inclose, but do		_				-					150	0.0	"- -
ot attach, any nyment.		3	Unemployment	compensation and	Alask	a Permanent .	Fund divide	ıds (see i	nstructions). =	3	0.00	,l
_,		4					_	_					+-
		5	Add lines 1, 2, a	nd 3. This is your	adjust	ed gross inc	ome.				4	0.00	1
		J	the applicable by	claim you (or your	spous	e if a joint ret	um) as a dep	endent, d	heck				+
			me approapre pe	ox(es) below and e	anter th	e amount from	m the works	ect on b	ack.				
			If no one can also	Spouse									
			\$19,000 if mare	im you (or your spied filing jointly.	pouse i	t a joint retur	n), enter \$9,	00 if sin	gle;				ł
		6	Subtract line 5 6	om line 4 If line 4	See Da	ck for explan	ation.			5	<u> </u>	0.00	
		•	This is your taxe	om line 4. If line 5	o is iar	ger than line 4	l, enter -0						
		7		ax withheld from l	Ga(-	\ W(0 1 to	-			6		0.00	
ayments,	•	8a	Earned income	credit (EIC) (see	ronnes) W-2 and IU	99.			7	1	7209.99	
redits, nd Tax	•	Ъ	Nontaxable comb	at pay election	III UU	uoiis).				8	а		
iid Tax	•	9		a. These are your	total -		8b		9			-	
	Ī	10	Tax. Use the amo	ount on line 6 above	ve to fi	nd vous tax is	creans,	-!4	<u> </u>	9		7209.99	20,
			instructions. Ther	, enter the tax from	m the t	able on this li	r aic aix mbi	c in inc					0
efund	1	l1a	If line 9 is larger							_{-,} 10		0.00	1
ve it directly	_		If Form 8888 is at	tached, check here	e ▶ 「		o. Tius is ye	mt LETINI	α,	44		ł	
osited! See		ь	Routing number	1 1 1						11;		7209.99	1
ructions and in 11b, 11c,			wording intitibet				►c Type:	Che	cking 🔲 S	avings		Ī	
11d or m 8888.		đ	Account number	11111		1 1 1 1						- 1	
						<u> </u>						ĺ	
iount u Owe	1:		If line 10 is larger	than line 9, subtrac	t line 9	from line 10.	This is					[
- OWE			me amount you or	we. For details on l	how to	pay, see instri	uctions.		>	12			
rd Party	Do	you	want to allow anoth	ner person to discu	uss this	return with th	e IRS (see in	struction	s)? 🗇 v		mole	e below.	N-
signee	Desi nam	gnec'	•			Phone	"		Personal ide			- DOINT. [T]	No
n	Und	er ne	Calties of region 1 4	nclose that I have		no. ►		W	number (PII	V)	>		
re	acci	uratel	naities of perjury, I do y lists all amounts and metion of which the	sources of income	I receive	mis return and ad during the ta	, to the best o	f my knov	viedge and b	elief, it	is true	, correct, and	 -
		sigg.	mention of which the	oreparer has any kno	wiedge.			acor or pr	-bear foriet	प्राच्या (त	н тахр	Byer) is based	
return? See	15	11)	KALL			Date	Your accupi	ition		Daytir	ne pho	ne number	
a copy for	Spor	US8' 5	signature. If a joint ret	um. hoth must siss		2/-13-12	mechanic				339	9-423-8753	
records.	•	_	n a joint 180	, word must sign,		Date	Spouse's oc	cupation		If the if	S sent y	ou an Identity Protecti	on
d Pri	int/Tyr	pe pr	eparer's name	Preopres's sies si			<u></u> _			PfN, en here (se	terr, p		
				Preparer's signatu	# 0			Date				PTIN	1020
parer	m's na	arne	•	L							nployed		0.1
Offin -	m's ac							Firm's (EIN ►				_
			d Paperwork Reduc	tion Act Notice		-41		Phone					_
-,		- 	spectrous Action	ACI NOUCE, SC	e unstru	ctions.	Ca	t. No. 113	29W		For	m 1040EZ (20	11)
								DEC:) IN COS	,			
								NEU	DIN FRE	•			
								4VIC	\$ 4390				

JUN 2 7 2012



Form 1040E		Income Tax Return for Single and Joint Filers With No Dependents (99) 2012								OMB No. 1545-0074		
Your first name and initial Last r					Your social security number							
Mark A. Lovely									Tool social security number			
		irst name and initial	Last name	0					Spouse's social security number			
1235 Amyle	e Trail	nd street). If you have a					. no.		ke sure the Si			
		e, and ZIP code. If you h	ave a foreign address,	also complete spaces belo	w (see instructions)		_	Presidential	Election Cam	palgn		
Kernersville,		<u> </u>	- 8					Check here if y	ou, or your spous	ie it filing		
Foreign coun	try name	<u> </u>		Foreign province/stat	•	Foreign posta	i code	a box below will refund.	to go to this fund I not change you You	tax or		
Income	1	Wages, salaries	s, and tips. This sh	ould be shown in bo	x 1 of your For	m(s) W-2.	W K			Ť		
Attach		Attach your Fo	rm(s) W-2.			delign to		1	C	o		
Form(s) W-2 here.	2 _2	Taxable interes	t. If the total is ove	er \$1,500, you canno	t use Form 104	0EZ.	4	2		0 0		
Enclose, but d not attach, any payment.		Unemployment	compensation and	i Alaska Permanent l	Fund dividends	(see instructions)	3	0	00		
	4	Add lines 1, 2, a	and 3 This is your	adjusted gross inco						i		
	5			r spouse if a joint ret		dent check	7/-	4	0	00		
	2	the applicable b	ox(es) below and	enter the amount from	n the workshee	t on back.						
	9	You	Spouse									
	TERROR III	If no one can cla		pouse if a joint return	n), enter \$9.750	if single:						
	1	If no one can claim you (or your spouse if a joint return), enter \$9,750 if single; \$19,500 if married filing jointly. See back for explanation.										
	6			5 is larger than line 4		(T 200 - 1)	2	<u>5 </u>	0	00		
<u> </u>	23	This is your taxa	able income.		The state of the s	30	-	6	o			
Payments	7	Federal income (ax withheld from	Form(s) W-2 and 10	99.	June 1991	R	7	1693	00		
Credits.	8a	(500) (500)							0	00		
and Tax	_ <u>b</u>	***************************************		N. Contraction	8b							
	9	- rad mies r and da. These are your total payments and credits.							1693	09		
	10	Tax. Use the am										
	登 目			m the table on this l		10 m	16	0	o	00		
Refund	lla —	If line 9 is larger If Form 8888 is a	than line 10, subti ttached, check her	ract line 10 from line	9. This is your	refund.	1	la .	1698	09		
eposited! See istructions and Il in 11b, 11c,	▶ b	Routing number			▶с Турс: [Checking	Saving	S				
nd 11d or orm 8888,	▶ d	Account number										
mount 'ou Owe	12			ct line 9 from line 10								
OI ONE	lii e			how to pay, see instr		· •	12	<u> </u>				
hird Party	Do you	want to allow anot	ther person to disc	uss this return with t	he IRS (see inst	ructions)?	Yes. (Complete be	ilow.	No		
esignee	Designee name	i's		Phone		Personal is		ation		3		
ign	Under p	enalties of periury. Lo	declare that I have e	no. >	to the best of	number (P	r	P &				
ere		ormation of which the		owledge.	ax year. Deciarati	on of preparer (oth	er than	the taxpayer)	is based			
int return? See structions.		111501	L)	Date 4-12-13	Your occupation	Printerson	٠ .	time phone ni <u> </u>	101-46			
ep a copy for ur records.		s signature. If a joint re	<u> </u>		Date Spouse's occupation			e IRS sent you an enter it (see inst.)	Identity Protect	tion		
aid	т ппо туре р	reparer's name	Preparer's signa	ture	0	Date		ck 🗀 n j	MITC	_		
reparer	Ciambe		<u> </u>				self	employed				
se Only	Firm's name					Firm's EIN ▶						
r Disclosura D	Firm's addre					Phone no.		N.				
Discussife, P	LIVEUY ACL, E	ind Paperwork Redi	ucuon Act Notice, s	ee instructions.	Cat.	No. 11329W		Form 1	040EZ p	1012)		

FRP 303 APR 0 2 2014

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336-601-464(

If the IRS sent you an Identity Protection

PTIN

Form 1040EZ (2013)

PIN, enter it

here (see inst

Check II if self-employed

Department of the Treasury-Internal Revenue Service Income Tax Return for Single and 2013 Joint Filers With No Dependents OMB No. 1545-0074 Your first name and initial Your social security number MARK If a joint return, spouse's first name and initial Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) 1235 above are correct. ANY lec City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign コフユタタ Check here if you, or your spouse if filing KERNCRSVIILE jointly, want \$3 to go to this fund. Checking Foreign country name Foreign province/state/county Foreign postal code a box below will not change your tax or refund. You Spouse Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Income Attach your Form(s) W-2. 1 Attach Form(s) W-2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. 2 here. Enclose, but do 3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions not attach, any payment. Add lines 1, 2, and 3. This is your adjusted gross income. If someone can claim you (or your spouse if a joint return) as a dependent, cheek 18 the applicable box(es) below and enter the amount from the worksheet on back. Spouse If no one can claim you (or your spouse if a joint return), enter \$10,000 if speep 306 \$20,000 if married filing jointly. See back for explanation 00 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. 00 This is your taxable income. 6 Federal income tax withheld from Form(s) W-2 and 1099. 3892 Payments, Earned income credit (EIC) (see instructions). 8a *0* 100 Credits, Nontaxable combat pay election. and Tax 9 Add lines 7 and 8a. These are your total payments and credits. • 9 Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. 10 If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. Refund 3892 If Form 8888 is attached, check here ▶ 11a Have it directly deposited! See Routing number Savings c Type: Checking instructions and fill in 11b, 11c, and 11d or Account number Form 8888 Amount If line 10 is larger than line 9, subtract line 9 from line 10. This is You Owe the amount you owe. For details on how to pay, see instructions 12 Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No Third Party Designee Designee's Phone Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based Sign Here on all information of which the preparer has any knowledge Daytime phone number

Considered in Examination

Joint return? See

Keep a copy for

Spouse's signature. If a joint return, both must sign.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Preparer's signature

Print/Type preparer's name

Firm's name ➤

Firm's address ▶

instructions.

your records

Preparer

Use Only

Paid

Date

THINTENA

Date

Firm's EIN ▶

Phone no.

Cat. No. 11329W

Spouse's occupation

Use this form if

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see instructions.
- You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2013. If you were born on January 1, 1949, you are considered to be age 65 at the end of 2013.
- You do not claim any dependents. For information on dependents, see Pub. 501.
- Your taxable income (line 6) is less than \$100,000.
- You do not claim any adjustments to income. For information on adjustments to income, use the TeleTax topics listed under Adjustments to Income at www.irs.gov/taxtopics (see instructions).
- The only tax credit you can claim is the earned income credit (EIC). The credit may give you a refund even if you do not owe any tax. You do not need a qualifying child to claim the EIC. For information on credits, use the TeleTax topics listed under Tax Credits at www.irs.gov/taxtopics (see instructions). If you received a Form 1098-T or paid higher education expenses, you may be eligible for a tax credit or deduction that you must claim on Form 1040A or Form 1040. For more information on tax benefits for education, see Pub. 970.
- · You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see instructions). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.

Filling in your return

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the instructions before filling in the form. Also, see the instructions if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

For tips on how to avoid common mistakes, see instructions.

Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for Line 5 — **Dependents** Who Checked One or Both **Boxes**

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

A. Amount, if any, from line 1 on front		*
+ 350.00 Ent	er total A.	
B. Minimum standard deduction	B.	1,000
C. Enter the larger of line A or line B here	C.	
D. Maximum standard deduction. If single, enter \$6,100; if married filing jointly, enter \$	S12,200 . D.	
E. Enter the smaller of line C or line D here. This is your standard deduction	E.	
F. Exemption amount,	,	
• If single, enter -0	1	
If married filing jointly and —	} _F .	
-both you and your spouse can be claimed as dependents, enter -0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
-only one of you can be claimed as a dependent, enter \$3,900.	,	
G. Add lines E and F. Enter the total here and on line 5 on the front	G.	

(keep a copy for your records)

If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you.

- Single, enter \$10,000. This is the total of your standard deduction (\$6,100) and your exemption (\$3,900).
- Married filing jointly, enter \$20,000. This is the total of your standard deduction (\$12,200), your exemption (\$3,900), and your spouse's exemption (\$3,900).

Mailing Return

Mail your return by April 15, 2014. Mail it to the address shown on the last page of the instructions.

Form 1040EZ (2013)

Case 1:18-cv-00102-LCB

This Product Contains Sensitive Taxpayer Data

Response Date: 09-03-2018
Tracking Number: 100406768204

Tax Return Transcript

SSN Provided:

Tax Period Ending: Dec. 31, 2014

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN:

SPOUSE SSN:

NAME (S) SHOWN ON RETURN: MARK A LOVELY

ADDRESS: 1235 ANYLEE TRL

KERNERSVILLE, NC 27284-9445-357

FILING STATUS: Single
FORM NUMBER: 1040EZ
CYCLE POSTED: 20151905
RECEIVED DATE: Apr.15, 2015
REMITTANCE: \$0.00
EXEMPTION NUMBER: 1
FTIN:
PREPARER EIN:
Income
WAGES, SALARIES, TIPS, ETC:\$58,590.00
TAXABLE INTEREST INCOME:\$0.00
TAX-EXEMPT INTEREST:\$0.00
UNEMPLOYMENT COMPENSATION:
Adjustments to Income
ADJUSTED GROSS INCOME:\$0.00
ADJUSTED GROSS INCOME PER COMPUTER:\$58,590.00
DEPENDENT ON ANOTHER TP:
FORM 1040EZ DEDUCTION AND EXEMPTION PER COMPUTER:\$10, 150.00

Tax and Credits TAXABLE INCOME:\$0.00 TAXABLE INCOME PER COMPUTER:\$48,440.00 Other Taxes Payments CTHER PAYMENT CREDIT AMOUNT:.....\$0.00 EARNED INCOME CREDIT PER COMPUTER:.....\$0.00 HEALTH CARE FULL-YEAR COVERAGE INDICATOR:...... Refund or Amount Owed REFUND AMOUNT:.....\$-4,433.30 BAL DUE/OVER PYNT USING TP FIG PER COMPUTER:.....\$-4,433.30

THIRD PARTY DESIGNEE NAME:......

This Product Contains Sensitive Taxpayer Data

Third Party Designee

eturn for Single and

8920721203703-6 // /D Page 1/gf 18 -0920711439816-6

TO40EZ	rr.	eint Pheis Wi			2015		OMB No	. 1545-00	374	
Your first name a	end initial		Last name				Your social se	curity n	umbe	
Mark A			Lovely							
ir a joint return, s	spouse's f	irst name and initial	Last name		<u> </u>		Spouse's socia	security	numb	
11							İ	I		
		d street). If you have a	P.O. box, see instr.	ections.		Apt. no.	A Make s	ure the S	SNIet	
1235 Amylee To							above	are con	ect.	
			ve a foreign address, a	also complete spaces belov	w (see instructions).		Presidential Ele	ction Car	noaior	
Kernersville, N							Check here if you, or	VOUT SOOU	se if file	
Foreign country n	name			Foreign province/state	e/county	Foreign postal code	jointly, want \$3 to go a box below will not	to this fun	d. Chec	
				<u></u>				You		
Income	1	Wages, salaries,	and tips. This she	ould be shown in box	l of your Form(s)	W-2.			7	
Attach		Attach your Fori	m(s) W-2.				1		0	
Form(s) W-2						·			" 	
here.	_2	Taxable interest.	If the total is over	er \$1,500, you cannot	use Form 1040EZ		2		0	
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not attach, any	3	Unemployment of	compensation and	i Alaska Permanent F	and dividends (see	instructions)	3			
payment.					and dividents (.ee	maducuous).			9_0	
	4	Add lines 1, 2, ar	nd 3. This is your	adjusted gross inco	me.		4			
	5			spouse if a joint retu		check	-	Total	0 0	
		the applicable bo	x(es) below and e	enter the amount from	n the worksheet on l	hack				
		☐ You	Spouse			Aur.				
				pouse if a joint return) antos \$10 200 if a					
		\$20,600 if marri	ed filing inintly	See back for explana	i), cilici \$10,500 ii 8 iion	angie;	_			
	6			5 is larger than line 4			<u>_5</u>	10,300	0	
	·	This is your taxal	om mic 4. m mic . ble income	o is larger than line 4.	, enter -u					
	7			Form(s) W-2 and 109	20		6		0	
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and Tax	9				<u>8b</u>					
	10	Add lines / and 8	a. These are your	total payments and	credits.	<u> </u>	9	6489	68	
2	10	instructions The	unt on line 6 abo	ve to find your tax in	the tax table in the			_		
57				m the table on this li	nc.	1	10	0	oc	
	11			ty (see instructions)	Full-year cover	age 1	1	0	00	
<u></u>	12	Add lines 10 and 1					2	0	00	
lefund	13a	If line 9 is larger th	han line 12, subtr	act line 12 from line	9. This is your refu	nd.				
ave it directly		If Form 8888 is at	tached, check her	e ▶ 🔲	-		3a	6489	68	
posited! See	_ h	Routing number			.					
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id 13d, or		Account number	1 4 1 1 0	1 4: 1 1 1 1		1 31 45]		
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mount	14	If line 12 is larger t	han line 9, suhtra	ct line 9 from line 12.	This is					
ou Owe				how to pay, see instru		▶ 1	4			
hird Party	Do you			uss this return with th			Complete below	<u> </u>	No	
esignee	Designee		,		wy you mad on	· 20.		· (*)	NO	
	name	" ▶		Phone no. ➤		Personal identific number (PIN)	ention _			
ign	Under po	enalties of perjury, I de	clare that I have e	xamined this return and	, to the best of my kn	andodes and batta	t is true come	and		
		ly lists all amounts and ormation of which the p			x year. Declaration of	preparer (other that	the taxpayer) is b	ased		
	Your sign		, u., w	l Date	Your occupation	l n.	ytime phone numb	ar.		
nt return? See A	deld II							1 /	115	
			/				e IRS sent you an Ider		<u> </u>	
tructions.	Spoose's	signature, If affording	um, both must sion	Spouse's signature, if adjoint fetum, both must sign. Date Spouse's occupation if the Pilk.						
tructions. ep a copy for	Spouse's	signature. If adjoint ret	um, both must sign	. Uale	Process a cocopanio.	PIÑ	enter it	IULY FIUID.		
ir records.			Ÿ			Į PIN	enter it (see inst.)	ruty Piole.		
ep a copy for ir records.		signature, il appint fet	um, both must sign		Date	PIN	enterit	İΙ		
ep a copy for ur records. Printed Pri	nt/Type p	reparer's name	Ÿ			PiN hen	enter it	İΙ		
ep a copy for ir records. Priceparer Se Only		reparer's name	Ÿ		Date	PiN hen	enter it e (see inst.) PTIN	İΙ		

JUN 0 7 2016



1040EZ

900

Income Tax Return for Single and Joint Filers With No Dependents (99)

0920711245796-7

Your first name and initial			Last name					Your e	Your social security number		
Mark A If a joint return, spouse's first name and initial			Lovely								
			Last name	i		<u> </u>			Spouse	's social security na	umber
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1235 Armylee Trail							Make sure the SSN(s) above are correct.				
City, town or post of	fico, stato, i	and ZIP code. If you have a for	reign address, also	complete	spaces below (s	ee instructions).			Preside	ential Election Cump	paign
Kernersville, NO	27284					4				re if you, or your spouse	
Foreign country na	kma		ŢĒ	oreign p	rovince/state/c	MOLY .	Fore	ign postal ec		ant 53 to go to this fund. law will not change your t	
							1		refund.	You	
Incomo	1	Wages, salaries, and t	ins. This shoul	d be sh	own in box I	of your Form	n(s) W-2.		1		1
Income	.=.	Attach your Form(s)		<u> </u> -25	,	01 ,041 1 011	1(0) 2.		1		
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- •	4	Add lines 1, 2, and 3.	This is your ac	liusted	gross incom	e.			4	0	00
	5	If someone can claim					deat chec	<u> </u>	<u> </u>		1 ~~
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		_ · · · · ·				270 401704100	t on oues	•			
•			Spouse		. !-!		:0 :5				
		If no one can claim ye	ou (or your spo	usc it a	Joint return),	curer \$10'32	o ii smgi	e;	- 33		1
		\$20,700 if married fi							5		<u> </u>
•	6	Subtract line 5 from 1		n jmbe	r than line 4, o	enter -0					
		This is your taxable i							6	0	00
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Credits,	_8a_	Earned income credi	it (EIC) (see in	nstruct	ons)				8a		
and Tax	b	Nontaxable combut pe	y election.			8b					
and rax	9	Add lines 7 and 8a. T	hese are your t	otal pa	yments and c	redits.		. ▶	9	3064	28
	10	Tax. Use the amount	on line 6 abov	e to fin	d your tax in t	he tax tuble i	in the	*			
	50	instructions. Then, en	ter the tax from	the tal	ble on this line	3.			10		
	11	Health care: individua	l responsibility	(see it	ustructions)	Full-year	COVETABLE		11		
	12	Add linex 10 and 11.					44:4:-64		12		 -
Defined	13u	If line 9 is larger than			12 from line 0	This is you	r veftind				
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Have it directly deposited Sec	-	Routing number	I I I			▶ c Type:	C) Check			2064	28
instructions and fill in 13b, 13c,		- L		i i			<u> </u>				
and 13d, or	— d	Account number	- 1								
Form #388.				100							
Amount	14	If line 12 is larger than]
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Third Party	Do you	want to allow another	person to discu	ss this	return with the	e IRS (soo ins	structions	7 🔲 Y	es. Compl	lete below. 🔲	No
Designee	Dougnoc's Personal identif							ntification			
	name	-	!		no	*		number (PIN		100 00 0000	
Sign	Under p	penalties of porjury, I decla	re that I have ax	emined	this return and,	to the best of	my know	edge and b	ellef, it is tr	ue, correct, and	
Here	on all in	ely lists all amounts and so formation of which the prep	parer has any kno	wiedge.	od duning tine tas	k year. Decisie	mon or bud	parer (otner	than the te	Kpayor) is Dased	
loint return? See &	Your alamatum							Daytime p	hone number	111	
instructions.	amelyic 3							536	536-601-4641		
Коер а сору Гог	Spouse	'a signature. If a joint return	, both must sign.	,	Date	Spouse's occ			If the IRS so	nt you an Identity Prote	action
your records.	Į į							PIN, enter it			
i	nint/Tune	preparer's namo	Preparer's signati	100		- ,	Date		hara laga ma	PTIN	لسلي
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For Disclosure, Pri	vacy Act,	and Paperwork Reduction	on Act Notice, a	ce instr	uctions.	Cu	il. No. 113	29W		Form 1040EZ	(2016)

2016